

**Service Codes**

**10 Friendly Visits**

**20 Transportation**

**21 Medical Transportation**

**40 Shopping**

**50 Friendly Phone calls**

**61 Card Ministry**

**81 Liaison Referrals**

**82 Assessment Referrals**

**132 Office/Clerical**

**141 Board/Committee**

**142 Fundraising**

**143 Home Maintenance**

**Monthly Individual Volunteer Timesheet**

**Month:** Choose an item. **Year:** Choose an item.

**Volunteer Name:**

**Congregation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Service Provided | Total Hours | Miles | Care Receiver | Destination/Notes |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |
| Click here to enter a date. | Choose an item. |  |  |  |  |

**\*Report miles for transportation only, it is for data entry purposes only \*Faith in Action thanks you for your generous donations of time and mileage**